

**VILLAGE OF COCHRANE**  
**102 E 5th St; PO Box 222**  
**Cochrane, WI 54622**

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Telephone Number
Address	E-mail Address
City/State/Zip	

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/> PERM	Are you able to work nights and weekends when required for the job? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY - Begin with Most Recent Employment**

Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving:			Contact Name/Number
Dates From	To	Company Name	City, State
Titles and Duties			
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Dates From	To	Company Name	City, State
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